## VERIFICATION OF COMPLETION OF EQUIVALENT IN-SERVICE

Any in-service credit, whether offered by a school district or another agency, **must** receive written approval from the superintendent or the professional development chairperson of the employing school district.

The following individual has successfully completed a professional development activity and is entitled to equivalency credit. (NOTE: 15 clock hours = 1 inservice credit. A maximum of three (3) inservice credits may be applied toward the renewal of an individual's certificate.) Partial credit **is not** applicable. Equivalent inservice credit can only be used for renewal of a clear Idaho credential. It cannot be used toward the recent credit requirement for initial certification or reinstatement.

FULL NAME:		S.S. #:		
Last	First	M.I.		
HOME ADDRESS:				
Street/P.O. Box	City		State	Zip
Idaho Division of Pro	T/AGENCY CONDUCTING of the second of Education; Idaho	ucation; Idaho	Career Information	on System;
CONTACT PERSON Kristi Enger, Career	N: Guidance Coordinator		HONE NO: 08-429-5500	
	<b>LE OF INSERVICE</b> (Use ment Workshop— Traini	•	,	,
development educat	ion resources and labor	data for use v	vith students; Har	nds-on
training on eCIS and	CISjunior, as well as a	look at new ac	dditions to both pr	oducts.
INCLUSIVE DATES	(Month, Day(s),Year):	September 2	7, 2012	
TOTAL CLOCK HO	URS OF INSTRUCTION	I RECEIVED:	6 (six)	
Signature – Superin	tendent	Date	9	
	onal Development Chair	Date	)	Revised 6-08

**NOTE**: Signatures denote approval